

UNIVERSITY OF OTTAWA

**Department of Epidemiology
and
Community Medicine**

M.Sc. (Epidemiology)

PROGRAM MANUAL

September 2009

INTRODUCTION

Welcome to the Department of Epidemiology and Community Medicine and the Master of Science (Epidemiology) program at the University of Ottawa. All of the department hope you enjoy your time with us. We hope that we are able to develop further your interest in epidemiology and health related research and provide you the basis to pursue your career goals.

This manual is a brief introduction to the policies governing your MSc studies and the facilities available within the department. **You should keep this manual as it provides useful information covering the various facets of your time within our department.** The information in here is current as of the time of printing although you can check with Fay for updates. In addition, you should also verify the program requirements with Faculty of Graduate and Postdoctoral Studies which updates the information on its website periodically.

You are also encouraged to contact me (the MSc program director) as well as other members of the faculty (particularly your interim adviser and, eventually, your supervisor) at any time if you wish to discuss any problems or concerns regarding the program.

The success of your studies will be dependent on both the department providing you the educational experience you desire and your willingness to take advantage of what is offered to you. I hope you enjoy your time in our department.



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DEFINITION OF EPIDEMIOLOGY

Epidemiology is the investigation of the distribution and determinants of health-related states and events in defined populations, and the application of the results of this research to the control, treatment or prevention of health problems. It is the central basic science of public health and preventative medicine, and provides one of the basic science inputs to population health. Epidemiology also provides the methodological basis for clinical and community health research, a foundation for scientifically-based clinical practice and has a central role in the effective and efficient design and delivery of health services.

OBJECTIVES OF THE PROGRAM

The MSc in epidemiology began in 1988 and quickly developed its dual focus on clinical and population epidemiology. As of September 2009, there are 190 graduates (see appendix) and 81 students enrolled. In 2005-2006, the program underwent its regular seven year review and received a 'good quality' rating by the Ontario Council on Graduate Studies, which is the provincial accrediting body for such programs.

Our program offers students general training in epidemiological research methods and is primarily intended to equip the student for participation in population health and health services and clinical research. It does not currently offer professional training leading to professional certification in public health and community medicine, but the curriculum is highly relevant to such practice. Each student chooses a thesis topic that can lie within any health-oriented subject, but must involve the application of epidemiologic concepts and methods. Each graduate of the program will:

- 1) possess detailed knowledge of the principles and methods of epidemiology, including an adequate knowledge of biostatistics. This will be achieved mainly through taking courses, and will be reinforced through practical work on the thesis. It will be demonstrated through the course evaluations and the ability to critically appraise the literature.
- 2) have the ability to develop and refine (often in collaboration with others) a research proposal. We aspire to support you in developing your own academic ideas and research interests. Frequently, the most difficult stage of a research project is selecting and formulating the study aims and objectives, and we want you to gain experience in doing this. This will be demonstrated through the formulation of the thesis proposal.
- 3) have skills in all the major activities involved in conducting a research project. These skills will be demonstrated primarily through the thesis research.

These skills should enable all graduates to interpret research literature and to serve effectively as members of a research team. With additional experience, many graduates will go on to become research leaders themselves.

While we list some general objectives above, we strongly emphasize our ideal that each student should develop her or his own personal objectives. Our admission process is intended to select candidates who have clear academic goals for the next few years, so our approach is to facilitate rather than to prescribe. We do not, for example, assign you to work with any specific professor on their research project, rather we encourage you to choose a thesis topic in an area that interests you, in line with the areas of research activity and expertise of the faculty.

Specialization in Biostatistics

The program offers a Specialization in Biostatistics, in collaboration with the Ottawa-Carleton Institute of Mathematics and Statistics, which in turn is sponsored by the Departments of Mathematics and Statistics of the University of Ottawa and Carleton University. This program prepares students for careers as biostatisticians or for doctoral programs in biostatistics. It is available to students enrolled in the Master of Science programs in either epidemiology, math or statistics. Details are available at <http://www.etudesup.uottawa.ca/Default.aspx?tabid=1727&monControl=Programmes&ProgId=664>.

Diploma in Health Services Research and Policy (DHSRP)

If you would like to obtain enhanced qualifications in Health Services and Policy Research while completing your master's program and be funded to do so, then consider The Ontario Training Centre in Health Services and Policy Research (OTC) *Diploma in Health Services and Policy Research* program funded by the Canadian Health Services Research Foundation (CHSRF) and the Canadian Institutes of Health Research (CIHR). The OTC is a consortium of six Ontario universities that offers graduate training leading to a *Diploma in Health Services and Policy Research* at *Lakehead, Laurentian, McMaster, Ottawa, and York* Universities or to an equivalent qualification through the *Collaborative Graduate Program in Health Services and Policy Research at the University of Toronto*. Unique features of this program include: course availability at any of the 6 participating universities; summer institutes; linkages with students and faculty across universities and disciplines; and field placement opportunities in policy and research settings across the province. The six programs at the University of Ottawa that are home to the diploma are: Master of Science in Health

Systems, Master of Health Administration, Master of Science in Epidemiology, Master of Science in Nursing, PhD in Nursing and PhD in Population Health. Both credentials will be awarded simultaneously upon successful completion. Students can apply for the Diploma program when in the first year of their primary program. Deadline to apply is March 31 for entry in September of the same year. Information and application forms can be obtained directly from Roseline Savage at 613-562-5691 or by email at savage@uOttawa.ca. You may also ask Fay about course requirements. Current information is available on the following websites: <http://www.otc-hsr.ca> and http://www.grad.uottawa.ca/programs/certificates/health_services_policy_research/index.html

THE DEPARTMENT

History

The University of Ottawa began in 1848 as the College of Bytown. In 1866 it became a university specializing in liberal arts. Social science and education faculties were added in the 1930s, and the medical school opened in 1945. Our department originally included Family Medicine, which became a separate department in 1969, allowing us to focus on epidemiology and community medicine.

Teaching

In addition to the MSc program in Epidemiology, the Department also teaches in all phases of the undergraduate medical curriculum, Population Health Risk Assessment Certificate Program, the PhD in Population Health (<http://www.etudesup.uottawa.ca/Default.aspx?tabid=1727&monControl=Programmes&ProgId=638>) and occasionally, in continuing medical education programs. There are opportunities for graduate students to participate in the undergraduate teaching as occasional tutors if their expertise can be matched with the requirements for particular sessions. Many of our faculty serve as supervisors and offer courses for the PhD program.

Research Activities and Affiliations

Faculty members in, and associated with, the Department, run many active research programs which encompass many areas, including population health, environmental health, clinical epidemiology, health services research, genetic epidemiology and social

aspects of health, such as risk behaviours and healthy aging. The Department is a prominent participant in the University's interdisciplinary Institute of Population Health, which is home to the McLaughlin Centre for Population Health Risk Assessment, the Centre for Global Health, the Centre for Best Practices, the Centre for Multiple Interventions, and the Women's Health Research Unit. The Department also has affiliations with other research groups, including the Clinical Epidemiology Program of the Ottawa Hospital Research Institute, the CHEO Research Institute, the Ottawa Heart Institute, and the Élisabeth Bruyère Research Institute. These partner institutes are home to many of our faculty and provide opportunities for thesis research in a wide range of topic areas.

The Department also has links, through its adjunct faculty, with a number of organisations whose activities include elements of research and practice related to population and public health. These include Ottawa Public Health, which is part of the City of Ottawa, the Public Health Agency of Canada, some branches of Health Canada and Statistics Canada, the Department of National Defence, the Canadian Agency for Drugs and Technologies in Health and the Champlain Local Health Integration Network.

Faculty

We encourage you to enter into the culture of research and scholarship in the department by attending seminars and meeting with professors whose research interests you. If you wish to pursue a thesis project in a particular topic, you must make sure that there is a professor available to supervise. In the following list of faculty, an asterisk (*) indicates the professors who are members of the Faculty of Graduate and Postdoctoral Studies (FGPS), which means that they are entitled to formally supervise graduate students. All other faculty can participate in thesis committees and offer advice, but they cannot be formally nominated as a primary or co-supervisor of your thesis.

Core faculty have a primary university appointment with the Department, though not all have offices at Roger Guindon Hall. Cross-appointed faculty have a primary appointment in another university department (usually a clinical department). Voluntary Part Time (clinical) faculty have a non-university clinical appointment and a primary affiliation with the Department. Adjunct faculty work outside the university but have an appointment with the University of Ottawa which allows them to participate in teaching, and to pursue collaborative research interests with core faculty.

The list is constantly updated as new faculty join the university and research community, and some faculty retire or move away.

Core Faculty

***Nick Birkett, MD, MSc. Associate Professor**, (Room 3230B; nbirkett@uottawa.ca). Cancer and Molecular Epidemiology.

***Jamie Brehaut, PhD. Assistant Professor**, Ottawa Hospital Research Institute, Clinical Epidemiology Program (Ottawa Hospital, Civic Campus; jbrehaut@ohri.ca). Cognition and Decision Making, Cognitive Factors in Patient and Physician Decision Support, Clinical Judgement Analysis, Cognitive Theories of Knowledge Translation, Web-Based Decision Support, Caregiver Health.

***Larry Chambers, PhD, FACE, HonFFPH (UK). Professor**, President & Chief Scientist, Élizabéth Bruyère Research Institute, V.P. Research, SCO Health Service (43 Bruyère; lchambers@bruyere.org). Community Cardiovascular Health Awareness, Interdisciplinary Collaboration In Service Delivery, Health Surveillance, Support of Caregivers of People with Alzheimer's Disease and Other Dementias.

***Yue Chen, MD, PhD. Professor**, (Room 3230D; ychen@uottawa.ca). Chronic disease and genetic epidemiology.

***Doug Coyle, MSc, MA, PhD, Professor and Director of Graduate Studies**, (Room 3105H; dcoyle@uottawa.ca). Health Economics, Economic Evaluation, Health Technology Assessment, Decision Analysis, Prioritization of Research Funding, Health Policy.

***Lise Dubois, Dt.P, MSc, PhD. Associate Professor**, Canada Research Chair in Nutrition and Population Health (Institute of Population Health; ldubois@uottawa.ca). Social Epidemiology, Population Health, Social Health Inequalities, Nutrition and Health Policy, Childhood Obesity.

***Daniel Krewski, MSc, PhD, MHA. Professor**, Director, R. Samuel McLaughlin Centre for Health Risk Assessment (Institute of Population Health; dkrewski@uottawa.ca). Environmental and Occupational Epidemiology, Biostatistics, Population Health Risk Assessment.

***Ron Labonté, MA, PhD. Professor**, Canada Research Chair in Globalization and Health Equity (Institute of Population Health; rlabonte@uottawa.ca). Globalization and Health Equity.

Lynne Leonard, MA, CQSW, PhD. Assistant Professor, (Room 3105K, lleonard@uottawa.ca). HIV/AIDS, Women's Health.

***Julian Little, PhD. Professor and Chairman**, Canada Research Chair in Human Genome Epidemiology (Room 3231; jlittle@uottawa.ca). Molecular and Human Genome Epidemiology, Cancer Genetic Epidemiology, Genomics Health

Services Research and Genetic Epidemiology.

***Ian McDowell, PhD, Professor** (Room 3105E; mcdowell@uottawa.ca).
Behavioural Science, Health Measurement, Health Care Research Methodology,
Dementia.

***Rama Nair, MStat, MSc, PhD, FACE. Professor, Associate Dean
Professional Affairs, Faculty of Medicine**, (Room 2035; rnair@uottawa.ca).
Biostatistics, International Health.

***Beth Potter, PhD, Assistant Professor**, (Room 3230F; bpotter@uottawa.ca)
Maternal and Child Health, Evaluation of Screening Programs, Public Health
Genomics.

***Tim Ramsay, MSc, PhD. Assistant Professor**, Ottawa Hospital Research
Institute (Ottawa Hospital, General Campus; tramsay@ohri.ca). Biostatistics.

***Ted Schrecker, MA. Associate Professor**, (Institute of Population Health;
tschreck@uottawa.ca). Political Economy and Political Science.

***Monica Taljaard, PhD, M.Com, B.Com. Assistant Professor**, Associate
Scientist, Ottawa Hospital Research Institute (Ottawa Hospital, Civic Campus;
mtaljaard@ohri.ca). Design and Analysis of Cluster Randomized Trials,
Longitudinal Data Analysis, Multi-Level Modeling Techniques, Methods for
Dealing with Missing Data in Randomized Trials.

***George Wells, MSc, PhD. Professor**, Cardiovascular Research Methods
Centre (Ottawa Heart Institute; gawells@ottawaheart.ca). Clinical Trials and
Biostatistics.

***Brenda Wilson, MBChB, MSc, MRCP(UK), FFPH. Associate Professor**,
(Room 3230E; bwilson@uottawa.ca). Public Health Genomics.

Cross Appointed Faculty

***Shawn Aaron, MD, MSc, FRCPC. Associate Professor**, Department of
Medicine, Respiratory Medicine (Ottawa Hospital - General Campus;
saaron@ohri.ca). Clinical Trials, Interventions to Improve Care for Patients with
Chronic Lung Disease, Cohort Studies, Therapy for Chronic Obstructive
Pulmonary Disease and Cystic Fibrosis, Microbiology of Cystic Fibrosis.

***Amir Attaran, D. Phil, LL.B. Associate Professor**, Canada Research Chair in
Law, Population Health and Global Development Policy, Faculty of Law / Institute

of Population Health (Institute of Population Health; aattaran@uottawa.ca).

***Lucie Brosseau, MSc, PhD. Professor**, Physiotherapy Program, School of Rehabilitation Sciences (Health Sciences Building; lbrossea@uottawa.ca). Evidence-based practice.

Simon Dagenais, DC, PhD. Assistant Professor, Department of Pediatrics, Scientist, Chalmers Research Group (CHEO; sdagena2@uottawa.ca). Low Back Pain, Spinal Disorders, Musculoskeletal Health, Clinical Trials, Systematic Reviews, Pharmacoeconomics.

***Robert Dales, MD, MSc, CSPQ, FRCPC. Professor**, Department of Medicine, Head, Division of Respiriology, Scientist, Clinical Epidemiology (Ottawa Hospital Research Institute; rdales@ohri.ca). Respiratory Epidemiology and Occupational Lung Disease.

***Nancy Edwards, MSc, PhD. Professor**, Director, Community Health Research Unit, CHSRF/CIHR Nursing Chair, School of Nursing. (Health Sciences Building; nedwards@uottawa.ca). Multiple Interventions in Community Health, Primary Care in Developing Countries, Fall Prevention for Seniors, Tobacco Cessations-Evidence-Based, Decision-making, Injury Prevention, Community Health Services for Ethnic Minorities, Dissemination and Uptake of Research Evidence.

Thomas Elmslie, MD, MSc, FRCPC. Professor, Department of Family Medicine. (Élisabeth Bruyère Family Medicine Centre; telmslie@bruyere.org). Primary Care, Geriatrics, Preventive Health Care, Clinical Epidemiology.

***Dean Fergusson, MHA, PhD. Assistant Professor**, Department of Medicine, Clinical Epidemiology Program, Ottawa Hospital Research Institute (Ottawa Hospital, General Campus; dafergusson@ohri.ca). Transfusion Medicine, Clinical Trials, Systematic Reviews, Research Ethics.

***Alan Forster, MD, MSc, FRCPC. Associate Professor**, Department of Medicine, Scientist, Clinical Epidemiology Program, Ottawa Hospital Research Institute (Ottawa Hospital, Civic Campus; aforster@ohri.ca). Patient Safety, Health Services Research, Thromboses, Embolisms, Internal Medicine, Adverse Hospital Events.

***James Gomes, MSc, PhD. Assistant Professor**, Bachelor of Health Sciences (Honours) Program, Faculty of Health Sciences (jgomes@uottawa.ca). Environmental and Occupational Toxicology, Epidemiology and Disease Burden, Hormonal Carcinogenesis, Reproductive Health Toxicology.

***Ian Graham, MA, PhD. Associate Professor**, School of Nursing, Faculty of

Health Sciences, Affiliate Investigator, Clinical Epidemiology, Ottawa Hospital Research Institute, Vice-President, Knowledge Translation, (CIHR, igraham@cihr-irsc.gc.ca). Research transfer (Utilization), Evidence-based Practice, Clinical Practice Guidelines, Quality Appraisal.

***Jeremy Grimshaw, MBChB, PhD, FRCGP. Professor**, Department of Medicine, Clinical Epidemiology Program, Ottawa Hospital Research Institute, Director, Centre for Best Practice, Institute of Population Health (Ottawa Hospital, Civic Campus; jgrimshaw@ohri.ca). Knowledge Translation, Quality Improvement, Complex Interventions, Systematic Reviews, Cluster Randomized Trials, Quasi Experimental Studies, Behavioural Theories and their Application to Professional Behaviour.

Luis Guerra, MD. Assistant Professor, Department of Surgery, Division of Paediatric Urology (Children's Hospital of Eastern Ontario, lguerra@cheo.on.ca). Surgical Research, Study Designs that Involve recruitment of participants to Surgical Trials.

Janet Hatcher-Roberts, BA, MSc. Assistant Professor, Department of Medicine, Executive Director, Canadian Society for International Health, Co-Director - WHO Collaborating Centre, Affiliate Scientist, Institute of Population Health (jroberts@csih.org). International Health.

***Paul Hébert, MD, MHSc, FRCPC. Professor**, Department of Medicine, Professor of Medicine (Critical Care), Surgery, Anesthesiology and Epidemiology, Senior Scientist, Clinical Epidemiology Program, Ottawa Hospital Research Institute, Editor-in-Chief, Canadian Medical Association Journal (Paul.Hebert@cmaj.ca). Critical Care Medicine, Clinical Trials.

***William Hogg, MSc, MDCM, MCISc, FCFP, CCFP. Professor**, Department of Family Medicine, Director, C.T. Lamont Primary Health Care Research Centre (Élisabeth Bruyère Research Institute, whogg@uottawa.ca). Primary Care.

Shawn Marshall, MD, MSc, FRCPC. Associate Professor, Division of Physical Medicine and Rehabilitation (Rehabilitation Centre; smarshall@ottawahospital.on.ca). Rehabilitation, Geriatrics, Disability, Societal Integration and Life Quality.

Donna Maziak, MDCM, MSc, FRCPC. Professor, Program Director and Director of Research in Thoracic Surgery (Ottawa Hospital, General Campus; dmaziak@ottawahospital.on.ca). Cancer Epidemiology, Surgery.

Lauralyn McIntyre, MD, MSc, FRCPC. Assistant Professor, Department of Medicine, Division of Critical Care (Ottawa Hospital, General Campus,

lmcintyre@ottawahospital.on.ca). Systematic Reviews, Meta-Analysis, Clinical Trials, Critical Care Medicine.

***David Moher, DipSW, MSc, PhD. Associate Professor**, Department of Medicine, Ottawa Hospital Research Institute, Clinical Epidemiology Program (General Campus, dmoher@ohri.ca). Influence of bias in clinical trials and systematic reviews, reporting of clinical trials and systematic reviews.

***Annette O'Connor, MScN, PhD. Professor**, School of Nursing, Faculty of Health Sciences (annette.oconnor@uottawa.ca). Decision-making, Perception of Risk.

***Jeff Perry, MD, MSc. Associate Professor**, Department of Emergency Medicine, Scientist, Clinical Epidemiology Program, Ottawa Hospital Research Institute (Ottawa Hospital, Civic Campus; jperry@ohri.ca). Emergency Medicine, Clinical Decision Rules, Subarachnoid Hemorrhage, Systematic Review and Meta-Analysis.

Kevin Pottie, MD, CCFP, MCISc, FCFP. Associate Professor, Department of Family Medicine, Scientist (Institute of Population Health and Élisabeth Bruyère Research Institute, kpottie@uottawa.ca). Primary Health Care and Migration, Health of Immigrants and Refugees.

***Robert Reid, PhD, MBA. Associate Professor**, Department of Physical Medicine and Rehabilitation, Ottawa Hospital (Heart Institute; breid@ottawaheart.ca). Health Services, International Health, Health Promotion, Intervention Studies in Health Research and Clinical Trials.

***Marc Rodger, MD, MSc, FRCPC. Associate Professor**, Division of Hematology, Head, Thrombosis Program, Scientist, Clinical Epidemiology, Ottawa Hospital Research Institute (Ottawa Hospital, General Campus; mrodger@ohri.ca). Observational Studies and Clinical Trials in the Areas of Venous Thrombosis and Thrombophilia with a Focus on Maternal Health.

***Virginia Roth, MD, FRCPC. Associate Professor**, Department of Medicine, Director, Infectious Prevention and Control Program, Division of Infectious Diseases (Ottawa Hospital, General Campus; vroth@ottawahospital.on.ca). Healthcare Epidemiology, Nosocomial Infections, Emerging Infectious Diseases, Emergency Preparedness, Tuberculosis.

***Marc Ruel, MD, MPH, FRCPC, FCCP. Associate Professor**, Department of Surgery, Division of Cardiac Surgery (Ottawa Hospital, Heart Institute; mruel@ottawaheart.ca). Epidemiologic Applications in Cardiac Surgery.

Grant Russell, MBBS, FRACGP, MFM PhD. Associate Professor, Department of Family Medicine, CT Lamont Primary Health Care Research Centre (Élisabeth Bruyère Research Institute, grussell@bruyere.org). Health Services Research in Primary Care, Qualitative Methods.

***Robert Smith, PhD. Assistant Professor**, Department of Mathematics and Statistics (University of Ottawa; rsmith43@uottawa.ca). Mathematical Modelling of Infectious Diseases, HIV, Malaria, Human Papilloma Virus, Theoretical Vaccines, Drug Resistance, Microbicides, Adherence.

***Ian Stiell, MD, MSc, CCFP, FRCPC. Professor**, Head of the Department of Emergency Medicine, Senior Scientist, Clinical Epidemiology, Ottawa Hospital Research Institute (Ottawa Hospital, Civic Campus; istiell@ohri.ca). Emergency Medicine, Clinical Decision Rules, Resuscitation Trials, Cardiac Arrest.

Mark Tremblay, MSc, PhD. Professor, Department of Pediatrics, Director of Health Active Living Research (Children's Hospital of Eastern Ontario, mtremblay@cheo.on.ca). Healthy Active Living in Canadian Children and Youth.

***Peter Tugwell, MD, MSc, FRCPC, FACP, FRCP(UK). Professor**, Director, Centre for Global Health, University of Ottawa Senior Scientist, Clinical Epidemiology, Ottawa Hospital Research Institute (Institute of Population Health, tugwell.bb@uottawa.ca). Clinical Epidemiology, Clinical Trials in Rheumatology, Outcome Measures, Global Health.

***Christian Vaillancourt, MD, MSc, FRCPC, CSPQ, DABEM. Associate Professor**, Department of Emergency Medicine, Scientist, Clinical Epidemiology, Ottawa Hospital Research Institute, (Ottawa Hospital - Civic Campus, cvaillancourt@ohri.ca). Prehospital/EMS, Cardiac Arrest, Cardiopulmonary Resuscitation, Systematic Reviews, Trauma.

***Carl van Walraven, MD, MSc, FRCPC. Associate Professor**, Division of General Medicine, Senior Scientist, Clinical Epidemiology, Ottawa Hospital Research Institute (Ottawa Hospital, Civic Campus; carlv@ohri.ca). Health Services Research, Research Using Administrative Databases, Continuity of Care.

***Mark Walker, MD, MSc, FRCSC. Associate Professor**, Department of Obstetrics and Gynaecology (Ottawa Hospital, General Campus; mwalker@ohri.ca). Clinical Epidemiology and Maternal Child Health.

***Philip Wells, MD, MSc, FRCPC. Professor**, Department of Medicine, Senior Scientist, Clinical Epidemiology, Ottawa Hospital Research Institute (Ottawa Hospital, Civic Campus; pwells@ottawahospital.on.ca). Clinical epidemiology,

Risks Associated with Thrombotic Disorders.

***Shi Wu Wen, MB, PhD. Professor**, Department of Obstetrics and Gynaecology (Ottawa Hospital, General Campus; swwen@ohri.ca). Reproductive Health.

Andrew Wielgosz, MSc, MD, PhD, FRCPC. Professor, Division of Cardiology (Ottawa Hospital, General Campus; wielgosz@uottawa.ca). Cardiovascular Disease Epidemiology.

***Kumanan Wilson, MD, MSc, FRCPC. Associate Professor**, Department of Medicine, Ottawa Hospital Research Institute (Ottawa Hospital, Civic Campus, kwilson@ohri.ca). Understanding Decision-making Concerning Public Health Risk.

Quiying Yang, MD, PhD. Assistant Professor, Department of Obstetrics and Gynaecology (Ottawa Hospital, General Campus, gyang@ohri.ca). Reproductive Epidemiology.

Voluntary Part-time (Clinical) Faculty

Elizabeth Hillman, OC, MD, FAAP, FRCPC. Professor (hillmane@iname.com). International health, paediatrics.

Adjunct Faculty

***Carol Amaratunga, PhD.** Dean of Applied Research, Justice Institute of British Columbia (camaratunga@jibc.ca). Women's health research.

Joseph Emmanuel Amuah, MSc, PhD. Methodologist, Methodology Unit (Canadian Institute for Health Information, jamuah@cihi.ca). Statistical and Epidemiological Methods in Health Research, Large Administrative Databases.

Sonia Anand, MD, PhD, FRCPC. Associate Professor, Department of Medicine, Division of Cardiology (Hamilton General Hospital, anands@mcmaster.ca). Cardiovascular Research, Women's Health Research.

***Tye Arbuckle, MSc, PhD.** Senior Epidemiologist and Research Scientist, Biostatistics and Epidemiology Division, Environmental Epidemiology (Health Canada, tye_arbuckle@hc-sc.gc.ca). Measuring Human Exposure to Environmental Chemicals, and their Effect on Male and Female Reproductive Health.

Chris Archibald, MDCM, MHSc, FRCPC. Director, Surveillance and Risk Assessment Division, Centre for Communicable Diseases and Infection Control (Public Health Agency of Canada, chris_archibald@phac-aspc.gc.ca). Epidemiology and Surveillance of HIV/AIDS and Related Infectious Diseases.

Mubeen Aslam, MD, MCom, PhD. Senior Epidemiologist, Surveillance and Risk Assessment Division (Public Health Agency of Canada, mubeen_aslam@phac-aspc.gc.ca). Behavioural Epidemiology and Health Promotion.

Garry Aslanyan, DMD, MPH, PhD, FRCD(C). Portfolio Policy Manager, WHO/UNICEF/World Bank/UNDP Special Program for Research and Training in Tropical Diseases (gaslanya@hotmail.com). International Health, Health Policy and Health Systems, Public Health.

***Rick Burnett, MSc, PhD.** Senior Research Scientist, Air Health Effects Research (Health Canada, rick_burnett@hc-sc.gc.ca). Biostatistics, air pollution, risk assessment.

Maureen Carew, MD, MSc, FRCPC. Medical Epidemiologist/Community Medicine Specialist, Forces Health Protection (Department of National Defence, carew.mt@forces.gc.ca). Evidence-Based Policies, Clinical Preventive Health Services.

Anne Carter, MHSc, MD, FRCPC. Medical Officer of Health and CEO Leeds, Grenville and Lanark District Health Unit (Anne.Carter@healthunit.org). Evidence-Based Practice, Particularly Preventive Practice and Public Health Practice; Evaluation of Quality of Care; Quality Management.

***Bernard Choi, MSc, PhD.** Senior Research Scientist, Chronic Disease Surveillance Division (Public Health Agency of Canada, bernard_choi@phac-aspc.gc.ca). Epidemiologic and Biostatistical Methods, Public Health Surveillance, Occupational Epidemiology.

***Tammy Clifford, MSc, PhD.** Vice-president, HTA Directorate, Canadian Agency for Drugs and Technologies in Health (CADTH, tammyc@cadth.ca). Systematic Reviews, Meta-Analyses, Survey Methods, Pediatrics, HTA.

Robert Cushman, MD, MSc, MBA, CCFP, FRCPC. Chief Executive Officer, Local Health Integration Network (LHIN, Champlain Region, robert.cushman@lhins.on.ca). Injury Prevention.

***Philippe Duclos, MSc, PhD.** Medical Officer and Project Leader, Immunization Safety Priority Project, Immunization, Vaccines and Biologicals (World Health

Organization, duclosp@who.int). Immunization, Epidemiology and Assessment, Surveillance and Immunization Safety.

Ed Ellis, MD, MPH, FRCPC. Manager, Community Acquired Infections Division, Centre for Communicable Diseases Prevention and Control (Public Health Agency of Canada, edward_ellis@phac-aspc.gc.ca). Infectious Diseases, Tuberculosis.

Abebe Engdasaw, MPH. Multicultural Health Coordinator, (City of Ottawa Health Department, abebe.engdasaw@ottawa.ca). Multicultural Health.

George Fodor, MD, PhD, FRCPC, FAHA. Head of Research, Prevention and Rehabilitation Centre, University of Ottawa Heart Institute, Professor of Medicine (gfodor@ottawaheart.ca). Cardiovascular Epidemiology.

Dara Spatz Friedman, PhD, MPH. Epidemiologist, Evidence, Preparedness and Information Division, (Ottawa Public Health, dara.friedman@ottawa.ca). Communicable Disease Surveillance and Epidemiology.

Jamie Hockin, MD, MSc. Medical Advisor, Director's Office (Public Health Agency of Canada, jamie_hockin@phac-aspc.gc.ca). Disease Control, Outbreak Investigation.

Tanya Horsley, PhD. Research Associate, Centre for Learning in Practice (The Royal College of Physicians and Surgeons, thorsley@rcpsc.edu). Systematic Review Methodology, Behavioural Intervention Research (Chronic Disease Populations).

Stephen Hotz, PhD, CPsych. Consultant (sbhotz@uottawa.ca). Health Psychology, Determinants of Health Behaviour.

Gayatri Jayaraman, MPH, PhD. Manager, Community Acquired Infections Division (Public Health Agency of Canada, Gayatri_Jayaraman@phac-aspc.gc.ca). Infectious Disease, Surveillance.

Helen Johansen, PhD. Senior Analyst, Health Information & Research Division (Statistics Canada, johahel@statcan.ca). Health Information and Surveys.

***Ken Johnson, PhD, BA.** Research Scientist/Senior Epidemiologist, Health Promotion and Chronic Disease Prevention Branch (Public Health Agency of Canada, ken_LCDC_johnson@phac-aspc.gc.ca). Cancer Epidemiology.

***Ann Jolly, MSc, PhD.** Senior Research Epidemiologist, Surveillance and Risk Division (Public Health Agency of Canada, ann_m_jolly@phac-aspc.gc.ca). STDs, HIV/AIDS Epidemiology.

Mark Kaplan, MSW, MPH, DrPH, BA. Professor, School of Community Health (Portland State University, kaplanm@pdx.edu). Population and Public Health.

***Dafna Kohen, MSc, MPhil, PhD.** Senior Research Analyst, Health Analysis Division (Statistics Canada, dafna.kohen@statcan.ca). Poverty and Child Health and Analysis of Survey Data.

Karmela Krleza-Jeric, MD, MSc, DSC. Senior Advisor, Knowledge Synthesis and Exchange Branch (CIHR, karmela.krleza-jeric@cihr-irsc.gc.ca). International Health, Knowledge Translation Registration and Results Disclosure of Clinical Trials, Methodology and Quality of Research.

Marcus Lem, MD, MHSc, FRCPC. Director, Health Protection Branch (Health Canada, marcus_lem@hc-sc.gc.ca). Epidemiology, Community Health.

Isra Levy, MB BCH, MSc, FRCPC, FACPM. Medical Officer of Health (Ottawa Public Health, Isra.Levy@ottawa.ca). Cancer, Public Health.

Nancy Lightfoot, MSc, PhD. Senior Epidemiologist and Associate Professor, The Northeastern Ontario Regional Cancer Centre, Sudbury Regional Hospital, Northern Ontario Medical School (Lakehead and Laurentian Universities, nlightfoot@hrsrh.on.ca). Cancer Epidemiology (Surveillance, Aetiology and Survival), Occupational Epidemiology and Health Services Research.

Elizabeth Lindsay, MS, PhD. President, Action Science Inc. (ealindsay@rogers.com). Behavior Change, Heart Health and Tobacco Control.

Joan Lindsay, PhD. Epidemiologist, Health Surveillance and Epidemiology Division (Public Health Agency of Canada, jlindsay@uottawa.ca). Epidemiology of Dementia.

***Shiliang Liu, MD, MSc, PhD.** Senior Research Scientist, Health Promotion and Chronic Disease Prevention Branch (Public Health Agency of Canada, shiliang_liu@phac-aspc.gc.ca). Reproductive, Respiratory and Cancer Risks to Population Health.

***Yang Mao, MSc, PhD.** Senior Research Manager, Evidence and Risk Assessment Division, Centre for Chronic Disease Prevention and Control (Public Health Agency of Canada, yang_mao@phac-aspc.gc.ca). Cancer Epidemiology, Epidemiologic Methods.

Sharmila Mhatre, MSc, PhD. Senior Program Specialist, Governance, Equity and Health (International Development Research Centre, smhatre@idrc.ca). International Health.

Samy Mohanna, MD, CSPQ, FRCPC. Occupational Medicine Consultant (mohgood@rogers.com). Occupational Health, Community Health Services.

***Howard Morrison, MSc, PhD.** Senior Science Advisor, Health Promotion and Chronic Disease Prevention Branch (Public Health Agency of Canada, howard_morrison@phac-aspc.gc.ca). Cancer Epidemiology.

Tony Myres, PhD. Scientist Emeritus, Environmental Health Science and Research Bureau, Director's Office (Health Canada, tony_myres@hc-sc.gc.ca). Environmental Health.

Vic Neufeld, MD, MA, FRCPC. Consultant (neufeld@mcmaster.ca). International Health.

***Ineke Neutel, MSc, PhD.** Consultant in Pharmacoepidemiology / Epidemiology Research (cneutel@uottawa.ca). Pharmacoepidemiology, Drug Research, Cardiovascular Disease.

Howard Njoo, MD, MHSc, FRCPC. Director General, Director General's Office, Centre for Communicable Diseases and Infection Control (Public Health Agency of Canada, howard_njoo@phac-aspc.gc.ca). Public Health, Risk Assessment, Risk Management for the Prevention and Control of tuberculosis.

Sheila O'Brien, RN, PhD. Director, National Epidemiology and Surveillance (Canadian Blood Services, sheila.o'brien@bloodservices.ca). Transmissible Disease Surveillance of the Blood System, Blood Utilization Research and Epidemiological Aspects of Donor Research.

Keith O'Rourke, MBA, DPhil. Biostatistician/Methodologist, Centre for Biologics Evaluation (Health Canada, keith.orourke@hc-sc.gc.ca). Meta-Analysis of Randomized Clinical Trials, Design and Analysis of Non-Randomized Clinical Trials.

Linda Panaro, MDCM, MHSc, FRCPC. Program Director, Canadian Field Epidemiology Program (Public Health Agency of Canada, linda_panaro@phac-aspc.gc.ca). Communicable Disease Epidemiology, Public Health.

Maura Ricketts, MD, MHSc, FRCPC. Director, Office of Public Health (Canadian Medical Association, maura.ricketts@cma.ca). Health Policy, Surveillance.

Paula Stewart, MD, CCFP, FRCPC. Director, Chronic Disease Surveillance Division (Public Health Agency of Canada, paula@paulajstewart.ca). Health promotion, health services evaluation, maternal and child health.

***Dave Stieb, MD, MSc, FRCPC.** Medical Epidemiologist, Air Health Effects Research Section (Health Canada, dave_stieb@hc-sc.gc.ca). Environmental Epidemiology.

Shagufta Sultan, MSc, PhD. Biostatistician, Office of Science, Bureau of Policy, Science, and International Programs (Health Canada, shagufta_sultan@hc-sc.gc.ca). Biostatistics.

Greg Taylor, MD, FRCPC. Director General, Director's General's Office, Office of Public Health Practice (Public Health Agency of Canada, gregory_taylor@phac-aspc.gc.ca). Disease Prevention, Public Health.

Stephen Tsekrekos, MD, FRCPC. Occupational and Environmental Health Medical Specialist, Canadian Forces Health Service Group (Department of National Defence, tsekrekos.sn@forces.gc.ca). Occupational and Environmental Health.

Anne-Marie Ugnat, PhD. Associate Director, Health Surveillance and Epidemiology Division (Public Health Agency of Canada, anne-marie_ugnat@phac-aspc.gc.ca). Disease Surveillance, Biostatistics.

Carol Vlassoff, MA, PhD. Area Manager, Knowledge Management and Communication (Pan American Health Organization (PAHO), vlassofc@paho.org). HIV/AIDS, International Health, Gender and Health.

Jeff Whitehead, MD, MSc, FRCPC. Medical Epidemiologist, Environmental / Occupational Health Surveillance, DCOS Force Health Protection (Department of National Defence, whitehead.j@forces.gc.ca). Clinical preventive medicine, health surveillance, outbreak investigations.

***Russell Wilkins, MURb, Bed.** Senior Analyst, Health Analysis (Statistics Canada, russell.wilkins@statcan.gc.ca). Inequalities in Health, Postal Code Conversion, Reproductive Outcomes.

Kathryn Williams, BSc, MS. Biostatistician, University of Ottawa Heart Institute (kwilliams@ottawaheart.ca). Biostatistics, Clinical Trial Methods and Expanding the Use of More Complex Biostatistics Techniques in Medical Research.

Qilong Yi, MSc, PhD. Senior Biostatistician, National Epidemiology and Surveillance Department (Canadian Blood Services, qi-long.yi@bloodservices.ca). Mixed Model (Hierarchical Modelling), Spatial Analysis, Survival Analysis, Markov Modelling, Sample Size Calculation, Methodology on Agreement Assessment, Applied Statistics in Epidemiology and Clinical Trials.

Jan Zielinski, MSc, PhD. Research Scientist, Environmental Epidemiology (Health Canada, jan_zielinski@hc-sc.gc.ca). Biostatistics, Cancer Modelling, Risk Assessment, Statistical Computing.

Faculty Emeritus

John Last, MD, DPH. Emeritus Professor (jmlast@uottawa.ca). Preventive Medicine, Environmental Epidemiology, Ethics.

Robert A. Spasoff, MD. Emeritus Professor (goldengrove@sympatico.ca). Applications of Epidemiology to Health Policy.

Organization of the Department

Departmental offices are located in the Health Sciences Building (Roger Guindon Hall) at 451 Smyth Road, Ottawa, Ontario, K1H 8M5.

Departmental Contact Information:

- Departmental phone number is 613-562-5410
- Chair of the Department is Julian Little, 613-562-5800 ext. 8159, room 3231
- Director of Graduate Studies is Doug Coyle, 613-562-5800 ext. 8690, room 3105H
- Academic Administration Officer is Fay Draper, 613-562-5800 ext. 8008, room 2135
(Fay is responsible for the day-to-day administration of the MSc program).

During the time that you are with the Department, you may require assistance in carrying out your studies. Here is who you should approach for different issues:

For *administrative matters* such as course registration etc., contact Fay Draper. If difficulties are encountered, talk to the Director of Graduate Studies, Doug Coyle or the department Chair, Julian Little.

For *academic matters*, such as choice of courses, resources you need, etc., contact your interim advisor or supervisor. If unresolved, talk to the Director of Graduate Studies or the department Chair.

For *personal matters* that may be affecting your studies, you should feel free to talk to your interim advisor, supervisor, the Director of Graduate Studies, the Chair or Student Affairs Office, Room 2024, Roger Guindon, 451 Smyth Rd. (613-562-5800 ext. 8136).

Senior MSc students, who have gone through many of these stages already, can be a source of indispensable information.

Committees

The Chair administers the department through a number of committees, of which two involve MSc student representation. The two main committees are the Departmental Assembly, which meets once a month (usually the first Friday of the month) to decide the main directions of our teaching and research programs, and review plans for structural organization of the department as a whole. The Graduate Studies Committee

deals with the organisation of the MSc program, reviews student progress, approves thesis proposals, etc. It meets monthly, usually the second Friday of the month (further information provided below).

Student Resources

Computing Resources

The Department maintains a computing lab shared with CMM students in room 3140 and 3140a, with ten PCs for MSc Epidemiology students. These computers provide all of the programs that you will need along with access to the internet. Computing for graduate students is free, unless requirements are very specialized.

It is useful for you to have a statistical software (SAS is the preferred program) installed on your personal computer for home use. The university has a site license, and you can purchase your one-year student license for a reasonable price (about \$50-75) from the University Computing Services (<http://www.ccs.uottawa.ca/software/licensed/index.html>).

For e-mail, you should obtain an account through the Computing Help Desk (613-562-5800 ext. 6555). We encourage all students to check their e-mail regularly, since this is our usual way of communicating with them on administrative matters. In some courses, the web-based communications may be used more often than other methods.

We *highly* recommend that you buy your own computer (talk to a faculty member regarding the choice of same if you need help), and get it linked to the Internet.

Office Space, Mail Deliveries, etc.

The keys for Room 3140 and 3140a may be obtained from Fay Draper. Desks and computers are available. Some students may be accommodated in the research space of their supervisors. Extra space is also available in Room 3105.

Mail is delivered to the Centre Office, room 3105 each day. There is an internal mail service within the university and main hospitals (mark your letter "INTRA"), and letters to other Ontario universities can be sent through the Inter-University Transit System if marked "IUTS"; this is quicker than Canada Post, and is free!

You should inform Centre office personnel of any long-distance telephone or fax calls made since you will have to reimburse the charges to the department. The department's fax number is 613-562-5465.

There are photocopy machines in the medical library (on the first level in the building). They use a charging system whereby you purchase a magnetic card that is automatically debited for the copies you make.

Departmental coffee costs 50 cents per cup or four dollars per month (cheapest deal in town). Coffee maker is located in room 3259. The refrigerator, microwave and toaster oven are available for general use and are in room 3233. As a group keenly interested in public health, we strongly favour those who wash up after themselves.

Student Academic Success Service (SASS)

Visit <http://web.sass.uottawa.ca> for more information about resources and services available to students.

ORGANIZATION OF THE MSc PROGRAM

Faculty of Graduate and Postdoctoral Studies

Much of the following section reflects the General Regulations of the University of Ottawa Faculty of Graduate and Postdoctoral Studies; ***you are advised to verify the regulations/policies at the following web site address:*** <http://www.grad.uottawa.ca/Default.aspx?tabid=1878>. The regulations also appear in the Faculty of Graduate and Postdoctoral Studies Calendar, which lists all the graduate programs in the University of Ottawa. An equivalent calendar is available from Carleton University.

Several people in the Faculty of Graduate and Postdoctoral Studies are available to assist you: For information regarding student awards, Daniel Melanson (613-562-5800 ext. 1239) is helpful; for general regulations concerning transfer of credits, admission, or those wishing to do exchange courses with Carleton University contact Sylvie Chénier (613-562-5800 ext. 1232) or Fay Draper in our Department.

Graduate Studies Committee

The Graduate Studies Committee, chaired by the Program Director, currently consists of six faculty members and normally two student representatives one representing the first year and one representing the senior years. The current faculty members who are on the committee are: Doug Coyle (Chair), Ken Johnson, Tim Ramsay, George Wells, Nick Birkett and Yue Chen. The committee is responsible for running the MSc program, and

reports to the chairman of the department and to the Faculty of Graduate and Postdoctoral Studies for ensuring the correct application of the university guidelines. It meets monthly during the academic term (normally on the morning of the 2nd Friday of the month) to review applications to the program, propose students for scholarships to the Faculty of Graduate and Postdoctoral Studies, monitor student progress, and oversee the process of preparing and submitting theses, reviewing and approving thesis proposals, and ensuring conformity to University's standards. For setting policy concerning the MSc, the committee makes recommendations to the Departmental Assembly.

Structure of the Program

This section expands and updates the program brochure published by the Faculty of Graduate and Postdoctoral Studies; since the brochure is revised only every 2 years, it tends to be somewhat out of date.

A full-time student is expected to take two years to complete the program: one year of courses and one year of thesis research. At least three terms (including the two terms of course work) have to be spent full-time; a full-time student must enrol for at least 6 credits, while a part-time student may enrol for at most 6 credits (a course is 3 credits, and the thesis is 6 credits). A student who reverts to part-time after the 3 full-time terms and works part-time can expect to spend at least three years in the program. All requirements of the program must be completed within four calendar years from admission.

All students enrolled in the Epidemiology MSc program are expected to attend all sessions of all courses for which they are registered. They are also expected to attend regularly scheduled events, particularly seminars. Students with work commitments should ensure that they do not conflict with regularly scheduled departmental events.

Interim Advisor

You are assigned an interim advisor by the program director on admission to the program - a professor who is a member of the Faculty of Graduate and Postdoctoral Studies. His or her role is to:

- ensure that you are aware of potentially useful resources
- provide advice on course selection, potential supervisors and thesis topics
- represent your interests to the Director of Graduate Studies
- help you choose a research area and a thesis supervisor (see below, under "Thesis")

Your advisor is the person that you should approach first, should you encounter any academic difficulties. Once appointed, your thesis supervisor will take over the responsibilities of the advisor.

Financial Support

While we make every effort to identify support for students, the Department has very limited core funding for graduate studies and therefore cannot guarantee financial support for any student. *We encourage students to apply for external scholarships from the Canadian Institutes of Health Research, the National Science and Engineering Research Council, the Ontario Graduate Scholarships, etc. The Faculty of Graduate and Postdoctoral Studies hosts a web site providing information on awards (<http://www.grad.uottawa.ca/awards/index.html>).*

Ontario Council on Graduate Studies' regulations allow full time students to be employed for a maximum of 10 hours per week. This does not apply if the employment is essentially the thesis research. If in doubt, you should discuss this with the Director of Graduate Studies. Students who find themselves in a financial crisis should contact the Director of Graduate Studies to discuss their options.

COURSES

Program in Epidemiology

The courses available during 2009-2010 are listed below. A couple further courses may be offered in spring/summer term 2010, and these will be advertised during fall term. The requirement is to complete the 21 credits of courses as a pre-requisite for the degree. Course credits are to be completed by the end of the first year. Because of the workload, a student should plan to take no more than twelve credits per semester.

The courses offered by the department in each term will be posted on the Epidemiology and Community Medicine web page and a copy made available to each student.

Category	Fall Term 2009	Winter Term 2010
Core <i>(All 9 credits required)</i>	EPI 5240 Epidemiology I (3 cr) EPI 5242 Biostatistics I (3 cr) EPI 6178 Intervention Studies in Health Research (3 cr)	
Advanced <i>(6 credits required)</i>		EPI 5340 Epidemiological Methods (1.5cr) Please note EPI 5340 is a prerequisite for the other 1.5 credit courses EPI 5341 Epidemiological Applications (1.5cr) EPI 5342 Genetic Epidemiology (1.5cr) EPI 5343 Outcome Measures in Health Research (1.5cr) EPI 5344 Survival Analysis in the Health Sciences (1.5cr) EPI 5345 Applied Logistic Regression (1.5cr) EPI 5346 Applied Longitudinal & Clustered Data Analysis(1.5cr) EPI 6278 Advanced Clinical Trials (3cr)
Elective <i>(You may take the remaining 6 credits from this category or the Advanced category)</i>	EPI 5126 Introduction to Health Care Epidemiology (3 cr) EPI 5181 Population Health Risk Assessment I (3 cr) EPI 5183 Approaches to Community/Public Health Program Evaluation (3 cr) EPI 5188 Health Technology Assessment (3 cr)	EPI 5143 Epidemiological Research Using Large Databases (3 cr) EPI 5189 Health Economic Evaluation (3 cr) EPI 6281 Population Health Risk Assessment II (3 cr)

Please note that not all professors take the study break in the winter term.

SEMINARS

Students are required to attend the Department of Epidemiology seminars (every Tuesday of each month, 12:15, RGN 2111 in Fall and RGN 3001 in Winter) and either the Institute of Population Health seminars or the Clinical Epidemiology rounds (Fridays, 12:00). It would be beneficial to attend all seminars. These provide an exposure to the diverse areas covered by this field, as well as an opportunity to identify potential areas of research and resource people. The students are also expected to give one seminar while they are registered in the program.

THE THESIS

The Faculty of Graduate and Postdoctoral Studies has developed a guide for graduate students and supervisors and this should be used as a resource. The website address for this guide is <http://www.grad.uottawa.ca/Default.aspx?tabid=1372>. A hard copy of this booklet can be provided to you by the FGPS. Students involved in thesis preparation at the University are responsible for ensuring they meet all departmental, FGPS and University regulations and requirements <http://www.grad.uottawa.ca/Default.aspx?tabid=1374>.

Purpose

The thesis offers the student the opportunity to work independently on a topic of her/his choice; this may represent an area of study that will be pursued following graduation. Practical experience in collecting and analyzing data is very valuable, and we encourage all students to become involved in all aspects of a research project. We recognize that sometimes a thesis does not involve collecting data, in which case we require that a student demonstrates their research competence in other ways, for example through applying more advanced analytical methods or developing new conceptual approaches to applied health topics.

Thesis Supervision

Ideally, the research supervisor should be identified by early in the winter term, so that there is time to work up and submit a thesis proposal before the beginning of second year. The supervisor must hold an appointment in the Department of Epidemiology and Community Medicine and the Faculty of Graduate and Postdoctoral Studies. The selection should be made considering the student's research interests and personal preferences and the workload of the proposed supervisor (normally a regular faculty member may supervise up to five students at a time). The supervisor does not have to be the same person as the student's interim advisor. General guidelines are given at

<http://www.grad.uottawa.ca/Default.aspx?tabid=1377>. It is important to check the Faculty of Graduate and Postdoctoral Studies web site since it is kept current with the ever changing regulations.

The supervisor provides direction to the student, advises on potential approaches to the topic, and identifies other people who may be of assistance. He/she will ensure that the topic is appropriate and can be completed within a reasonable amount of time. The supervisor will encourage the student to think through methodologic issues relating to the work, and will see that the student is aware of potential consequences of methodologic decisions taken. It is the supervisor's responsibility to monitor progress on the research, complete the progress report required each year (except the first), and bring to the attention of the departmental Graduate Studies Committee any problems with the thesis research. *Conversely, it is extremely important that the student meet with the supervisor regularly, preferably at least once per month.* If the student fails to keep the supervisor informed of his progress, the supervisor may not provide an adequate progress report, which in turn will lead to difficulties in continued registration in the program.

We strongly suggest that a thesis advisory committee has at least two members. One will act as a primary supervisor whilst another could be designated a co-supervisor. Further committee members are allowed to act as members of the thesis advisory committee. Normally the additional members bring content expertise; they need not be members of the Faculty of Graduate and Postdoctoral Studies. We strongly recommend that the thesis committee should have at least one member from the core faculty. Choice of committee members should be made in consultation with the research supervisor.

Thesis Proposal

University regulations appear at <http://www.grad.uottawa.ca/Default.aspx?tabid=1381> of the General Regulations of the Faculty of Graduate and Postdoctoral Studies. For master's students the topic must be determined by the end of the second session. Normally, the students must complete the three basic courses (EPI 5240, EPI 5242 and EPI 6178) before they are allowed to submit a thesis proposal.

Topic

As this is an MSc in *epidemiology*, we anticipate that theses will demonstrate the student's skill in applying epidemiologic concepts and methods to addressing a health-related question. We allow broad interpretation of these terms, but require students to justify their choice of topic if it is not clearly epidemiologic in nature.

Standards Expected

The regulations of the Faculty of Graduate and Postdoctoral Studies state that “The master’s thesis should reveal that the candidate is able to work in a scholarly manner and is acquainted with the principal works published on the subject of the thesis. As far as possible, it should be an original contribution”. The thesis is to be prepared by the student, although it may represent an extension of work undertaken by a professor in the department. If the latter, it is not sufficient that the student work as a research assistant on a professor's research project and present the work as a thesis; the student must demonstrate that he or she played an independent role in developing that component. All theses must indicate any parts that are not the student's own work and must include a critical discussion of the strengths and limitations of the work undertaken. The examination of theses will focus on their technical and methodological quality, the quality of presentation and the appropriateness of the conclusions drawn.

Procedural Details

We encourage students to begin thinking about a thesis topic early, as it generally takes considerable time to identify a feasible study topic and generate an acceptable proposal. Before the topic can be registered, your proposal must be approved by the Graduate Studies Committee, which meets monthly during the fall and winter; the Committee will attempt to provide feedback within one month of submission of your proposal. Your thesis topic **must** be registered with FGPS prior to your registering for the third term of studies. A thesis proposal must be submitted to the Program Director or Academic Administration Officer by the end of the Spring/Summer term of your first year of studies. Note that although you can register your topic with the University before completing all the course work (but you must complete the three basic courses), you must complete the courses before submitting the thesis itself. We will be offering a session early in the new calendar year to assist you in preparing your thesis proposals.

Content and Format of Thesis Proposal

The proposal should provide the following information:

- a) A clear and concise title describing the topic of the thesis.
- b) A very brief review of the key literature, identifying the basis for development of the study.
- c) Statement of objectives of the thesis and the research questions or the hypotheses (the real hypotheses—not the null hypotheses).
- d) Description of the study design (e.g., experiment, survey, case-control, cohort,

- e) An outline of the proposed methods. Enough information should be provided to demonstrate the feasibility of the project. The major methodological issues should be discussed, including problem areas (e.g., access to classified information, non-response, cost of acquiring the data, etc.) and proposed solutions. The proposed mechanism for obtaining ethical clearance should be indicated.
- f) Brief description of the proposed statistical analysis. This should clearly indicate the use of special or advanced statistical methods.
- g) A short paragraph describing the significance of the proposed study.
- h) Name and *signature* of the supervisor and member(s) of the supervisory committee. Remember that the supervisor must have an appointment in the Department of Epidemiology and Community Medicine and be a member of the Faculty of Graduate and Postdoctoral Studies.
- i) Submit one electronic copy and one hard copy with required signature(s) to the Program Director or Academic Administration Officer for distribution to the Graduate Studies Committee.

It is expected that most thesis proposals will be 8 to 16 double-spaced pages in length, excluding appendices. Place the date on the cover page, and number the pages.

Ethics Review

The Graduate Studies Committee has defined three categories with respect to ethics review.

A. Projects that generally do not require ethics review

Projects that use only aggregate data, whether drawn from publications or the web. Individuals cannot be identified from such data, so privacy is not threatened. Projects based only on public use microdata files from established statistical agencies: Statistics Canada, Canadian Institute for Health Information, National Center for Health Statistics, SEER. It can be assumed that such agencies would not release the data without ensuring protection of privacy.

B. Projects that may or may not require ethics review (guidance required from the Ottawa Hospital Research Ethics Board or equivalent).

Projects that use microdata obtained from other public agencies, e.g., government departments of health, transportation, education, environment. It may be appropriate to assume that such agencies would not release the data without ensuring protection of privacy, or it may be that they lack the technical expertise to do so.

Projects that use only data derived from studies that have themselves passed ethics review, e.g., Canadian Study of Health and Aging. Although these studies

have already undergone ethics review, it may be necessary for them to be reviewed again regarding use of the data for another purpose.

C. All other projects must be submitted to the Ottawa Hospital Research Ethics Board (REB), or equivalent board in another participating hospital. Thesis projects may require full review, or may be suitable for expedited review, depending on the topic and participants. The secretariat of the relevant board can provide guidance if necessary. You are required to indicate clearly on the REB proposal that it concerns a graduate thesis project, and include a copy of the memo from the Director of Graduate Studies to confirm that it has been approved by the GSC, otherwise it will NOT be reviewed. **If the nature of your thesis project means that waiting for GSC approval before submitting to an REB is likely to cause problems, you must contact the Director of Graduate Studies, who can intervene as appropriate.**

For all theses, it is the responsibility of the supervisor to ensure that the project is submitted for ethics review if required. A copy of the approval must be sent to the Graduate Studies Office and should be included as an appendix in the thesis. A thesis may fail at examination stage if REB approval is not clearly documented. Please refer to the Faculty of Graduate and Postdoctoral Studies web page at <http://www.grad.uottawa.ca/Default.aspx?tabid=1378>.

Review of Thesis Proposal

The thesis proposal will be critically assessed by the Graduate Studies Committee on the basis of scientific merit of the proposal, the level of difficulty of the work and its feasibility. The Graduate Studies Committee considers five components of each proposal:

- a) Statement of objectives and literature review
- b) Design of the study
- c) Data collection
- d) Proposed data analysis
- e) Proposed discussion and conclusions (obviously this can only be predicted at this stage) and rates each component as absent, low, medium or high. The following table provides **examples** of the level of accomplishment required for each of these ratings:

DEGREE OF DIFFICULTY			
	low	moderate	High
Literature review	Brief but critical review	Detailed review, with numerous references	Detailed review with formal meta-analysis
Study design	Simple survey or descriptive study	Analytical study or intervention trial	Complex study involving advanced design features
Data collection	Small study using existing instruments	Larger scale study or some instrument development	Development of detailed instruments or complex data collection
Data analysis	Descriptive statistics and univariate comparisons	Simple multivariable models, e.g., regression	Sophisticated analyses requiring advanced techniques
Discussion & conclusions	General discussion of results	Critical integration of work into context of other literature	New and original theoretical insights from own data and literature

Depending on the type of thesis chosen, the student will need to place a varying emphasis on different elements, as noted.

Categories of Thesis

Previous theses have fallen into five main categories. Theses may also be composed of elements of more than one category. It is advisable for you to denote the category of thesis when submitting your thesis proposal. Some thesis areas will not easily fit within this framework. In such circumstances it is strongly advised that students discuss this with the Director of Graduate Studies.

Category 1: complete research project including data collection. A Category 1 thesis must score moderate on at least one component and at least low on all the other components.

Category 2: secondary analysis of existing data. Normally the data will already be in digital form, so that the student will not be responsible for data collection or entry into a computer. It may, however, be necessary to build a data base suitable for analysis. This type of thesis will be appropriate for statisticians or for people planning to work as data analysts. A Category 2 thesis must score high on data analysis and at least low on all other components except data collection.

Category 3: design thesis. This requires the complete design of an empirical study, but does not involve collecting or analyzing the data. The topic must be original, collection of pilot or feasibility data will usually be required, and some instrument development may be needed. The study topic should be complex enough to address new or challenging methodological issues. The reviewers will expect the design thesis to be of scientifically fundable quality. The difficulty of preparing such a thesis should not be underestimated. A Category 3 thesis must score high on study design, at least moderate on literature review and at least low on discussion.

Category 4: theoretical and methodological theses. We recognize that a very important part of epidemiology is the development of sound theory and methods, which is often more intellectually challenging than undertaking an empirical study. Topics such as the logic of causal thinking in epidemiology might be considered suitable, as would the development of new analytical methods. The main criterion for judging the contribution will lie in the extent to which the student can develop something that is sound and innovative. A Category 4 thesis must score high on at least one component and moderate on at least one other component.

Category 5: policy thesis. Topics in clinical and public health policy are also appropriate, as long as they concern the contribution of epidemiology to the topic chosen. Examples would be a clinical decision analysis, or an analysis of the health effects of global warming. Key components would be identifying a policy-relevant question, identifying relevant data and combining same, justifying required assumptions, conducting appropriate sensitivity analyses, and a comprehensive discussion of applications. A category 5 thesis must score high on literature review and discussion.

If approved, the department will then register the topic with the Faculty of Graduate and Postdoctoral Studies. The written comments of the committee members on the proposal will be sent to the student and the summary comments of the Committee will eventually be given to the thesis examiners, prior to the thesis defence. If the proposal is not accepted, the student will be given an opportunity for resubmission; the student may also request to appear before the Committee to explain the proposal. Once your topic is registered, you must maintain registration with the Faculty of Graduate and Postdoctoral Studies.

Preparation of Thesis

Funding of Thesis Research

It is anticipated that most theses will not require external funding, as the candidate will be carrying out most of the fieldwork, often working as part of their supervisor's research team. There is nothing, however, to stop you from applying for external funding for the thesis research; this will form a valuable part of the learning experience. Sometimes there are sources of support available within the university to support the purchase of hardware, software, or data, or to meet the costs of travel associated with thesis research. The Data Liberation Initiative of Statistics Canada (University of Ottawa Data Services, 613-562-5800 ext 3412 or data@uottawa.ca) and the Graduate Students Data Access Program of the Canadian Institute for Health Information http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=reqdata_gsdap_e are available to provide access to national databases.

Progress Reports

Except for your first year in the program, a progress report must be filed with the Faculty of Graduate and Postdoctoral Studies every year that you remain in the program. The Academic Administration Officer will send the standard form, which must be completed by you and your supervisor and then reviewed by the Graduate Studies Committee. The progress report provides an opportunity to identify developing problems, so that they may be addressed before they become crises.

Content and Format of Thesis

It is imperative that you visit the graduate studies web site for "Research and Thesis" at the following address for the most recent guidelines:

<http://www.grad.uottawa.ca/Default.aspx?tabid=1372>

The notes below provide details of how our department interprets the general thesis guidelines set out by the Faculty.

Further information on preparation of the thesis may be obtained from the Preparing a Thesis or Research Paper: A Guide for Graduate Students and Supervisors booklet at the following address:

<http://www.grad.uottawa.ca/Default.aspx?tabid=1381>.

Monograph Type of Thesis

This type of thesis consists of the following sections:

- a. Title page. Your thesis will be a valuable source for other scholars only if it can be located easily. Since modern retrieval systems use the words in the title to locate the thesis, it is essential that the content of the work be well represented by the title. A sample title page is attached in the Appendix.
- b. Abstract. The Faculty of Graduate and Postdoctoral Studies requires that the Abstract should not exceed 150 words. It should contain:
 - i. statement of the problem
 - ii. methods of investigation
 - iii. results
 - iv. conclusion

The abstract must be prepared carefully: it is an important part of the thesis and will be published in Dissertation Abstracts International.

- c. Acknowledgements
- d. Table of Contents
- e. List of Tables
- f. List of Figures and Illustrations
- g. Text.

Introduction and literature review. It is desirable to include:

- the reason that the problem was chosen
- a brief history of developments in this field
- critical review of pertinent theory and studies
- a formulation of the problem; and
- an outline describing how your approach will contribute to the field

Aims and objectives of the study. List the research questions and/or a statement of the hypotheses to be tested.

Methods. Give sufficient detail for someone else to repeat the study described. Questionnaires, etc., that you develop should be included in an Appendix.

Results. These should be stated in detail, but without discussion; the rationale for the procedures should have been clearly stated in the Methods section. Tables and figures should be integrated into the text, not placed at the end of chapters or the thesis; if a table is large, it may occupy a page by itself. Do not repeat in the text findings that are presented in the tables.

Discussion. The discussion should interpret the results, not merely recapitulate results or review the literature. It is essential to discuss the research in relationship to the literature cited in the introduction and to

assess the significance of the findings. You should:

- identify those features of the results that need explanation
- discuss discrepancies between your results and those of other studies
- show the relevance of the results to the health of the population
- draw conclusions

Recommendations may be appropriate. A certain amount of speculation is allowed, but must be clearly identified as such.

- h. References. We recommend that you use the standard system of consecutive, superscript numbering in the text, as this is the norm in this field. We also recommend that you adhere to the Vancouver style of referencing; instructions are found in various places, including the "Uniform requirements" article cited in the reading list. Abbreviations of journal titles are found in Index Medicus (January issue). If you use WordPerfect, you may find "end notes" a convenient method for automatically numbering and cross-referencing your references. You should consider using software such as Reference Manager to store your references and insert them into the finished manuscript.
- i. Appendices. The thesis text should stand alone, and should include the main tables of results. Technical details, supplementary tables, etc., can be placed in Appendices. Raw data need not be appended.

A student may submit a monograph-type thesis even where the components do not fit easily into the standard format. For example, a thesis may report a body of research where the individual chapters describe free-standing, but linked, pieces of research which, taken together, represent a coherent approach to a particular research topic. In such a format, the objectives, methods and results of the component projects or enquiries should each be reported in a single chapter (i.e. one chapter per component project); a relevant literature review must be included *either* in a comprehensive form at the beginning of the thesis, *or* in a more focused form within each chapter. In order to ensure that the whole thesis is self standing, the introduction and discussion sections must be carefully prepared to give an overall view of the thesis, its relevance and conclusions, related to the single, underlying theme.

Manuscript Based Thesis

The manuscript based thesis was approved at the Departmental Assembly meeting on March 5, 2004 as per details below. The Graduate Studies committee unanimously expressed the opinion that it is in the best interests of the student to submit the thesis in the traditional, monograph format. If a thesis is manuscript based, it will still have to meet the minimum requirements and have sufficient detail for an examiner to be able to judge the quality of the research and the contribution of the student towards this research.

Guidelines for a manuscript-based thesis

The Department will accept a manuscript based thesis, providing the student is the sole author or a co-author with significant contribution. The structure of the manuscript based thesis should conform to the following:

1. A manuscript based thesis is defined as one where the text is composed of one or more published papers, or papers submitted or to be submitted for publication, provided that the research topic was approved by the Graduate Studies Committee prior to the actual conduct of the research resulting in the manuscript. The text of the submission must conform to the guidelines published by the Faculty of Graduate and Postdoctoral Studies (“Preparing a thesis or research paper: A guide for graduate students and supervisors”) with respect to font size, line spacing, margin sizes and must be bound together as an integral part of the thesis. (Published articles must be reproduced in the same format as the main text; reprints may be submitted only as appendices to the main text).
2. The intent to submit a thesis including a manuscript should be indicated in the thesis proposal submitted to the Graduate Studies Committee.
3. The thesis must be a self-standing document and must be more than a disconnected collection of articles. All components must be integrated into a cohesive unit with logical progression from one chapter to the next. In order to ensure that the thesis has continuity, connecting texts that provide logical bridges between chapters, including the manuscript(s) as separate chapters, are mandatory.
4. The thesis must conform to the Faculty of Graduate and Postdoctoral Studies guidelines and as such must include, in addition to the text of the article(s), the following as a minimum:
 - a) A table of contents
 - b) An abstract
 - c) An introduction which clearly states the rationale and objectives of the research
 - d) A comprehensive review of the literature (in addition to what is presented in the article itself)
 - e) A final conclusion and summary
 - f) A thorough bibliography
 - g) A section on “Contribution of authors” containing detailed description of the role of the student in preparing the manuscript (either as sole author or as co-author), as a preface to the thesis

5. As manuscripts for publication are frequently concise documents, additional material must be provided where necessary in appendices elaborating on the research methods and/or data analysis described in the article(s) to allow a clear and precise judgement to be made of the importance and originality (where applicable) of the research reported in the thesis.
6. In general, when co-authored papers are submitted, the student must have made substantial contributions to all papers included and these contributions must have been clearly explained in the preface as mentioned in 4(g). The supervisor must attest to the accuracy of these statements at the oral defence. It is in the student's best interest to clearly specify the responsibilities of all the authors of the co-authored papers so that the examiners can make appropriate judgements about the quality of the thesis with respect to the adequacy for a Masters degree.
7. Where previously published, copyrighted, material is included in the thesis, the student must include signed waivers from the publishers and submit these to the Faculty of Graduate and Postdoctoral Studies. This waiver is necessary to allow the University to reproduce the theses as required under the FGPS guidelines.
8. Irrespective of adherence to the above minimum standards, the examiners will be the final arbiters as to whether the thesis meets the standards expected of a Master of Epidemiology from University of Ottawa.
9. In no case can a co-author of any component of the thesis serve as an examiner of the thesis.

Style

The thesis may be submitted in English or in French. Ensure that a consistent layout of headings and sub-headings is used throughout the document; use of section numbering is optional. Tables should include a descriptive title, with sufficient explanation to be understandable without excessive reference to the text. Figures and illustrations should have a comprehensive legend, including a descriptive title and a key to any symbols used; legends to figures and tables may be single-spaced. Avoid the use of jargon, nouns as adjectives, improper matching of subjects and verbs, changes of tense in mid-paragraph, redundancy and verbosity. Errors in spelling or typography leave an impression on the examiners of carelessness: if spelling is careless, how accurate were the coding and analysis of data?

Format: double space or 1.5 throughout the text on 8.5" x 11" (21.5 cm x 28 cm)
good-quality white paper; print on one side only

Margins: at least 3.25 cm from the left edge of the paper (for binding), 2.5 cm from the top, bottom and right edge
Paging: every page must be numbered
Type Size. 10cpi or larger - 12cpi is preferred. More latitude in type size is allowed for graphics, formulae and appendices.

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Submission of Thesis

Before you can submit your completed thesis, you must have completed the required twenty-one credits of courses. At the time of submission your supervisor and co-supervisor, if there is one, completes a form ("Statement of Thesis Supervisor") attesting that he or she has read the thesis and considers it ready for submission. Three copies of the thesis should be submitted to the Academic Administration Officer; your supervisor(s) will also want one. The director of the program, in conjunction with the Chairman of the Department, will recommend an examination committee of (usually) two professors, and will then submit the Statement of Thesis Supervisor and the Nomination of Thesis Examiners forms to the Faculty of Graduate and Postdoctoral Studies. The Academic Administration Officer will distribute the theses and the "Thesis Examiner's Report" form to the examiners.

Allow at least three months for the reading and examination of the thesis.

Examination of Thesis

Each examiner is required to submit a "Thesis Examiner's Report" indicating one of the following options:

- a) The thesis is accepted for the defence
- b) The thesis requires substantial revision to meet the standards required for the degree; a revised version of the thesis must be submitted to the examiners
- c) The thesis fails to meet the standards required for the degree

In order to safeguard the evaluation process, it is important that the supervisor(s) and student do not contact the examiners during the evaluation period. Contact with the examiners may mean that a new examining board has to be selected, and

the process started again. Issues should be brought to the Director of Graduate Studies, not to examiners.

When all the examiners' reports have been received, and if option 1 is chosen by both examiners, the Academic Administration Officer will schedule the defence. If their judgment is not unanimous, the Dean of the Faculty of Graduate and Postdoctoral Studies decides how to proceed (whether to hold a defence or ask the student to revise).

The defence is an oral examination of the thesis, made before a jury of the same examiners who read the thesis. The examiners first meet in the absence of the candidate, and agree on the procedure to be followed. The candidate then makes a 10-15 minute presentation of the thesis material. Clearly state the problem, indicate the theory and the working hypotheses, and summarize the procedures, the main results and their interpretation. Finally, underline the principal findings and conclusions. You may use visual aids to illustrate. This is followed by detailed questioning of the student by the examiners. The supervisor is present for this, and at the end is allowed to comment or ask questions. The candidate and all others who are not members of the jury then leave and the jury discusses the thesis, classifying it as:

1. The thesis is accepted for the degree. The thesis supervisor will ensure that all corrections are made, as required by the Examining Board.
2. The thesis must be revised. The Examining Board must decide who will ensure that the required revisions have been made (normally one or more members of the Examining Board, but possibly the supervisor).
3. The thesis must be revised and undergo the evaluation and defence process again from the beginning with the same examiners (except for necessary replacements).
4. The thesis is unacceptable and the candidate must withdraw from the program.

A thesis may be recommended for a university prize if the examiners feel the thesis is outstanding.

A candidate who cannot make the corrections/revisions within one month after the defence must register for the current session. A maximum of one session is allowed to submit the corrected/revised copies of the thesis, unless a request has been made by the student and granted by the Faculty of Graduate and Postdoctoral Studies to extend that period.

Further documents describing the procedures of a thesis defence are available from the Faculty of Graduate and Postdoctoral Studies.

Printing and Binding of Thesis

After the thesis has been defended successfully, and the required modifications made and approved, three copies of the final revised thesis plus an additional copy for the supervisor and for each member of the thesis committee should be submitted to the

Faculty of Graduate and Postdoctoral Studies, Thesis Office. The student takes all copies to the Faculty of Graduate and Postdoctoral Studies, along with a form ("Final Version") duly signed by the supervisor(s) attesting that the thesis has been revised according to the examiners' recommendations. The candidate is responsible for checking the quality of all copies and for ensuring that they meet National Library standards and are ready for binding. Students must complete and sign the appropriate form, in order to have their thesis stored on microfilm in the National Library of Canada. The form must be signed when the final version of the thesis is submitted. Other forms required at time of submission are Registration for Degree/Request for Diploma form (<http://www.uottawa.ca/academic/info/regist/Regi3163.pdf>), Permission to Reproduce and Distribute the Thesis and Thesis Non-Exclusive License. The Academic Administration Officer will give a copy of these forms to the Chair of your thesis defence and will have extra copies available. Once deposited in the University or National Library, the thesis becomes a public document, although the copyright remains with the student. A list of completed theses is sent to Dissertation Abstracts International for indexing.

The bound copies will be distributed as follows: one to the University Library, one to the Department, one to the supervisor, one to each thesis committee member, and one to the student. If the student wishes, the Faculty of Graduate and Postdoctoral Studies will have a maximum of two additional copies bound for a charge of \$15 per copy, payable in advance.

Publication and Presentation of Research Findings

Students are strongly encouraged to submit their findings to journals and to conferences of learned societies (the University provides limited funding to support the latter). All such submissions should acknowledge that "the work was carried out while a student in the Department of Epidemiology and Community Medicine, University of Ottawa". Authorship of the paper should be discussed with the thesis supervisor; generally the thesis supervisor will be a co-author of the publication. Many former students have published papers arising from their thesis work. In addition, the students are encouraged to make an oral or poster presentation at the annual research day of the department, where the best presentation may receive a departmental prize.

APPENDIX
Sample Title Page

TITLE OF RESEARCH PROJECT

FULL NAME OF AUTHOR

Thesis submitted to the Faculty of Graduate and Postdoctoral Studies in
Partial fulfilment of the requirements for the MSc degree in Epidemiology

Epidemiology and Community Medicine
Faculty of Medicine
University of Ottawa

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Ali, Amira	R. Spasoff P. Stewart	An Evaluation of a Surveillance System for Preterm Birth and Low Birth Weight in Eastern and Southeastern Ontario
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Lazo Langer, Alejandro	D. Coyle M. Rodger	Comparing Strategies for Thromboprophylaxis in Major Orthopedic Surgery using an Estimation of Net Risk-Benefit through Probabilistic Simulation. A Clinical Cost-effectiveness Study.
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Luo, Wei	N. Birkett Y. Mao	Cancer Incidence Patterns Among Chinese Migrant Populations in Alberta

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MacNeill, Morgan	K. Phillips T. Arbuckle D. Krewski	Identifying the Characteristics of Individuals with High Body Burdens of Endocrine Disrupting Chemicals: An Analysis of the National Health and Nutrition Examination Survey (NHANES) 1999-2002
Man-Son-Hing, Malcolm	A. Laupacis	The Efficacy of Warfarin for the Prevention of Stroke in Nonvalvular Atrial Fibrillation: Measuring its Minimal Clinically Important Difference From the Patients' Perspective
Marshall, Shawn	R. Spasoff R. Nair	Evaluation of Restricted Driver Licensing for Medical Impairments in Saskatchewan
Mayhew, Alain	N. Birkett R. Plotnikoff	Physical Activity Levels Across Canada: An Analysis of the Canadian Heart Health Surveys
McAlister, Finlay	A. O'Connor A. Laupacis G. Wells	An Evaluation of Minimal Clinically Important Differences for the Initiation of Antihypertensive Therapy from the Perspective of Canadian Patients and Physicians
McAuley, Laura	P. Tugwell	The Influence of Grey Literature on Meta-Analysis
MacDonald, Tanya	G. Wells L. Brosseau	Prevalence of Standardized Functional Capacity Outcome Measures in Post-Operative Cardiac Surgery: A Survey of Current Clinical Practice and Development of a Clinical Practice Guideline(CPG)
McGuire, Marissa	L. Dubois R. Nair B. Potter	Poverty, Food Insecurity and Overweight/Obesity in the Canadian Population
McIntyre, Lauralyn	P. Hébert R. Nair	Are Fluid Resuscitation Strategies Associated with Hospital Mortality in Patients with Severe Sepsis? A Retrospective Cohort Study.
McLean, Mark	P. Duclos	The Incidence of Guillain-Barré Syndrome in Ontario and Quebec, 1983 - 1989, using Hospital-Service Databases
Meadows, Emily	A. Jolly R. Nair	Sexual Networks of Individuals Infected with Sexually Transmitted Infections: Structure and Disease Transmission
Milne, Sarah	I. McDowell	Development and Evaluation of a Functional Scale for use in Adolescents with Lower Extremity Orthopedic Conditions
Mitra, Debjani	P. Tugwell A. O'Connor	Developing and Evaluating a Decision Support Tool for Immigrant and Refugee Women from HIV-Endemic Countries for Voluntary Counselling and Testing (VCT)
Molnar, Frank	I. McDowell G. Wells	Development of Clinician-Friendly Tools to Screen for Cognitive Impairment

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Moloo, Husein	J. Grimshaw D. Coyle	Hand Assisted Laparoscopic Colorectal Surgery
Moloughney, Brent	S. Raman	Demographic and Psychosocial Components of Health Behaviour Clusters in Canadian Military Males
Morgan, Katherine	N. Edwards I. McDowell	Association Between the Built Environment and Physical Activity Among Older Adults Living in Long-Term Care Facilities
Moser, Andrea	I. McDowell T. Elmslie	Are there Identifiable Factors that may Assist Family Physicians to Identify Community Dwelling Elderly Patients who are at Risk of Clinically Relevant Functional Decline?
Mulay, Atul	C. vanWalraven P. Tugwell	Impact of Immunosuppressive Medications on the Risk of Recurrence of Glomerulonephritis after Kidney Transplantation
Murphy, Kellie	N. Birkett	Physical Activity Levels in Adolescents over Four Years: Trends and Predictors
Murray, Heather	I. Stiell G. Wells I. McDowell	Cellulitis in the Emergency Department: Developing and Testing Objective Outcome Measures
Mustafa, Amal	R. Nair	Study of The Relationship of Low Birthweight with Race and Socioeconomic Status at the Maternity Hospital Kuala Lumpur Malaysia , A Case Control Study
Navarro, Christine	Y. Chen R. Nair A. Jolly	Prevalence of Sexually Transmitted Diseases and Their Socio-Demographic and Behavioural Correlates in Canada: National Population Health Survey 1996-97
Nicholas, Garth	C. vanWalraven R. Nair	Survival Analysis of Patients Seen at the Ottawa Regional Cancer Centre with Early Breast Cancer 1982-2001: Effect of Changes in Stage and Adjuvant Chemotherapy Over Time
Nooh, Randa	N. Birkett P. Stewart	Maternal Group B Streptococcal Colonization and Preterm Premature Rupture of the Fetal Membranes
Oake, Natalie	C. vanWalraven A. Forster	The Effect of an Interactive Voice Response System on Communication of Medication and Appointment Information to Patients taking Oral Anticoagulants
O'Grady, Kathryn	D. Coyle G. Wells	Effect of Neighbourhood Income Concentration on the Health of the Poor in Ottawa, Ontario, Canada
Page, Jacqueline	T. Klassen R. Nair	A Descriptive Study of Parent and Physician Treatment Decisions for Children with Acute Otitis Media Presenting to a Pediatric Emergency Care Facility

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Papa, Linda	I. Stiell T. Klassen G. Wells	The PARC Study. Predicting Outcome in Acute Renal Colic a Feasibility Study
Pelude, Linda	A. Jolly G. Wells	Injection Drug Users' Injection Equipment Sharing Networks: Random or Scale-Free?
Pennock, Jennifer	R. Spasoff D. Coyle	The Economic Burden of Bottle-Feeding
Perry, Jeff	I. Stiell G. Wells	A Feasibility Study to Derive a Clinical Decision Rule for the Investigation of Alert Patients Suspected of having Subarachnoid Haemorrhage
Pless, Robert	P. Stewart	Issues in Health Promotion Survey Research: The Example of Anabolic Steroid Use at the High School Level
Plint, Amy	I. Stiell G. Wells	A Feasibility Study to Derive a Clinical Decision Rule for Predicting Severe Bronchiolitis
Potvin, Kenneth	R. Spasoff I. Neutel R. Nair	Use of an Administrative Database to Develop and Test a Model to Predict the Allocation of Clinical Pharmacy Human Resources
Ralphs-Thibodeau, Sylvia	N. Edwards	An Examination of the Impact of Ontario's Patient Restraint Minimization Act, 2001 on the Use of Restraints on Elderly Clients in Complex Continuing Care in Ontario
Ramage-Morin, Pamela	R. Spasoff Y. Chen	Income Inequality and Health in Canada 1981-1996
Reaume, Neil	J. Grimshaw I. Graham	The Life Cycle of Evidence for Novel Chemotherapeutic Agents in Advanced Non-Small Cell Lung Cancer
Reimche, Leanne	C. vanWalraven A. Forster	Clinically Significant Drug Interactions in a Canadian Tertiary-Care Hospital
Riddle, Alison	G. Wells	Links Between Source of Knowledge About HIV and Views on Sexual Violence and Self-Perceived Risk of HIV Infection in Southern Africa
Rodger, Marc	P. Wells R. Nair I. Stiell	A Study to Develop a Clinical Prediction Rule to Exclude Pulmonary Embolism
Rostom, Alaa	P. Tugwell A. O'Connor	A Randomized Trial of a Computerized Versus an Audio-Booklet Decision Aid for Women considering Post-Menopausal Hormone Replacement Therapy
Saginur, Michael	I. Graham G. Wells	Technologies to Prevent Medication Error: A Study of their Effectiveness and of their use in Canada

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Semelhago, Lloyd	G. Wells	Evaluating Bioprosthetic Devices in Aortic Valve Surgery: Systematic Assessment and Design of Cardiac Surgical Trials
Senzilet, Linda	J. Last	The Impact of Ontario's Child Restraint Legislation on the Incidence, Severity and Patterns of Injury in Children under Five Years
Seviour, Rosann	P. Stewart R.Nair	From Paper to Practice. An Evaluation of the Impact of the 1989 NACI Guidelines for Universal Hepatitis B Screening in Pregnancy
Sharma, Mike	G. Wells G. Nichol	A Cost Effectiveness Analysis of Potential Interventions to Decrease Time to Treatment for Ischemic Stroke
Shea, Beverley	P. Tugwell D. Moher	Assessing the Quality of Reporting in Meta-Analyses of Randomized Controlled Trials
Shi, Fan	N. Birkett Y. Chen E. Grunfeld	Cancer Incidence and Survival Patterns Among Chinese Immigrants in the United States
Snider, Judy	G. Wells	Health Effects From Exposure to Traffic Radar Units in Members of the RCMP
Spaans, Johanna	R. Nair D. Coyle	Lipid Lowering Drugs: Potential for Cost Containment with Improved Prophylactic Management
Stiell, Ian	I. McDowell R. Nair	A Study to Develop Clinical Decision Rules for The Emergency Department Use of Radiography in Acute Ankle Injuries
Strike, Carole	R. Spasoff R. Nair	The Utility of Indirect Standardization for Estimating Community Health Status
Sullivan, Shannon	L. Chambers R. Nair	Development and Evaluation through Structural Equation Modeling of a Model of Health-Seeking Behaviour as it Relates to Chronic Disease in the Elderly
Tait, Valerie	N. Birkett J. Little (D. Maziak)	Iron as a Risk for Cancers of the Gastrointestinal Tract
Tay, Jason	P. Hébert D. Coyle (A. Tinmouth)	Donor Selection for Patients Undergoing Allogeneic Hematopoietic Stem Cell Transplantation: Assessment of the Priorities of Canadian Hematopoietic Stem Cell Transplant Physicians
Taylor, Stuart	I. McDowell R. Spasoff	Selection and Testing of a Collection of Community Health Indicators for Use in Ontario Public Health Units

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Thiruganasambandamoorthy, Venkatesh	I. Stiell G. Wells	Retrospective Validation of San Francisco Syncope Rule for Prediction of Short-Term Serious Outcomes in Adult Syncope Patients
Tomson, Derek	J. Little D. Moher	Evaluating the Association Between Adult Brain Tumours and a Family History of Cancer
Tsertsvadze, Alexander	R. Nair N. Birkett I. McDowell	Physical Activity, Relative Body Weight and Risk of Bladder Cancer
Turcotte, Katherine	W. Walop I. McDowell	Potentially Inappropriate Medication Use Among Community-Based Elderly Canadians
Turner, Michelle	Y. Chen D. Krewski	Allergy and Cancer: Analysis of the American Cancer Society - Cancer Prevention Study II Prospective Cohort
Vaillancourt, Christian	I. Stiell G. Wells	Cardio-Pulmonary Resuscitation: Improving the Weakest Link in the Chain of Survival for Cardiac Arrest
Van Walraven, Carl	A. Laupacis G. Wells	A Comparison of Two Methods of Medical Discharge Summary Generation
Vazquez, Juan	M. Walker B. Wilson	The Opinions and Attitudes of Obstetricians in the City of Havana, Cuba towards use of Cesarean Section
Villeneuve, Paul	S. Raman	Population Based Survival Analysis of Childhood Cancer
Viola, Ray	G. Wells	Studying Fluid Status and the Dying - The Challenge of Clinical Research in Palliative Care
Waldegger, Lisa	I. McDowell	A Randomized Controlled Trial of Rollator Walkers in C.O.P.D.
Weselak, Mandy	T. Arbuckle D. Krewski D. Wigle	Ontario Farm Family Health Study, Pregnancy Pesticide Exposures, Birth Defects and Child Health Outcomes
Whitehead, Jeffrey	R. Nair	Reporting Completeness of the Aids Case Reporting Surveillance System
Wiens, Miriam	B. Wilson	Family Communication about Genetic Disorders: Developing a Framework for Effective Interventions
Williamson, Nancy	R. Nair	Evaluation of Risk Factors Associated with Diminished Immune Response to Haemophilus Influenzae Type B PRP-D Vaccine Among Inuit Infants, 1994
Willis, Alette	D. Krewski R. Spasoff R. Burnett	The Effect of the Scale Analysis on the Relationship Between Socioeconomic Factors, Air Pollution and Mortality

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Woodend, Kirsten	R. Nair	Complication and testing of a Quality of Life Assessment Package
Xi, Guo-Liang	R. Spasoff I. McDowell R. Nair	Income Inequality and Health: A multilevel Analysis Based on Ontario Health Survey 1996-97
Yenugadhati, Nagaraj	N. Birkett D. Krewski	Occupations, Industries and Occupational Exposures at Risk of Lung Cancer by Histopathology Subtypes: A Population Based Case-Control Study in British Columbia
Zhao, Wenxia (Helen)	Y. Chen	Comorbidity in Prediction of Length of Stay in Hospital, Hospital Readmission and Mortality in Diabetic Patients